Standards
Washington DC 20210

For Official Lise Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT	
E AND THE		
1 File Number U 9008	2 Fiscal Year Covered From	
	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name MICHAEL COMBER	Name PLUMBERS & PIPEFITTERS LOCAL UNION NO 123	
	Labor Organization File Number 541 169	
P O Box Bidg Room No If any	P O Box Building and Room Number if any	
Street 4923 WEST CYPRESS STREET	Street 4923 WEST CYPRESS STREET	
City TAMPA	City TAMPA	
State Florida ZIP Code + 4 33607	State Florida ZIP Code + 4 33607	
5 Position in labor organization EMPLOYEE - BUS REPRESENT/ORGANIZER		
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization of Name and address of Employer (including trade name if any)  Name  Trade Name if any  P O Box Bidg Room No if any  Street  ZIP Code + 4		
Signature		
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed Muhael a Comber	On 8/04/05 813-636-0.123  Date Telephone Number	

Name of Person Filing MICHAEL COMBER	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name LSV ASSET MANAGEMENT  Trade Name if any  P O Box, Bidg Room No if any  Street ONE NORTH WACKER DR	a Labor Organization  b Trust  c. Employer		
City CHICAGO  State Illinois ZIP Code + 4 60606			
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing		
Name PLUMBERS & PIPEFITTERS LOCAL NO 123  Trade Name If any: PENSION FUND	INVESTMENT MANAGER		
P O Box, Bldg. Room No. If any			
Street 8875 LIBERTY RIDGE DR	11 b Approximate dollar value of such dealing	\$68 012	
City JACKSONVILLE	12 a Nature of interest held or income received		
State Florida ZIP Code + 4 32256	DINNER ON 1/21/04		
	12 b Amount	\$250	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a. Nature of payment.		
Name			
Trade Name if any			
PO Box Bldg Room No if any		Tally and the second se	
Street			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.		